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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/681,441	04/05/2001	Peter Fall	47863/255276

28694
 TRACY W. DRUCE
 KILPATRICK STOCKTON LLP
 11130 SUNRISE VALLEY DRIVE
 SUITE 300
 RESTON, VA 20191-4329

CONFIRMATION NO. 4762
 FORMALITIES LETTER



OC00000006027253

Date Mailed: 05/01/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

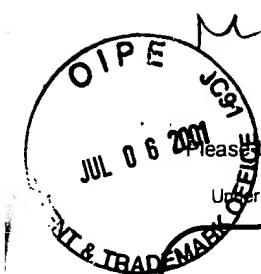
An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

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Janet
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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

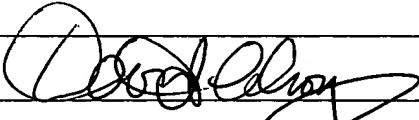
(to be used for all correspondence after initial filing)

		Application Number	09/681,441
		Filing Date	04/05/2001
		First Named Inventor	Peter FALL
		Group Art Unit	3682
		Examiner Name	Not Assigned
Total Number of Pages in This Submission		Attorney Docket Number	VCC0031-US

ENCLOSURES (check all that apply)

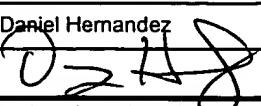
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> <i>declaration</i> , Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	KILPATRICK STOCKTON LLP David P. LeCroy
Signature	
Date	07/05/2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Daniel Hernandez	Date	07/05/2001
Signature			

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EE TRANSMITTAL for FY 2001 <small>JUL 06 2001</small> <small>Patent fees are subject to annual revision.</small>		Complete If Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/681,441</td> </tr> <tr> <td>Filing Date</td> <td>04/05/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Peter FALL</td> </tr> <tr> <td>Examiner Name</td> <td>Not Assigned</td> </tr> <tr> <td>Group / Art Unit</td> <td>3682</td> </tr> <tr> <td>Attorney Docket No.</td> <td>VCC0031-US</td> </tr> </table>					Application Number	09/681,441	Filing Date	04/05/2001	First Named Inventor	Peter FALL	Examiner Name	Not Assigned	Group / Art Unit	3682	Attorney Docket No.	VCC0031-US																																																																																																																																															
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <input type="text" value="14-1437"/>		FEE CALCULATION (continued) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5" style="text-align: center;">3. 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	David P. LeGro	Registration No. Attorney/Agent)	37,869	Telephone	703-648-8500
Signature				Date	07/05/2001

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